ST ALBANS CITY YOUTH FOOTBALL CLUB ST ALBANS CITY YOUTH FOOTBALL CLUB ST ALBANS CITY YOUTH FOOTBALL CLUB

St Albans City Youth Football Club
Club Registration Form

Team	Club Registration No.	League Registration No.

Surname		Forename(s)			
Address			Postcode:		
Home tel. no.		Mobile no.			
No of years with club		Date of birth		Birthplace	
Current School				Head of School	
Parent's Occupation	Father:		Mother:		
e-mail address (home)					
Previous Club(s) /Team(s)					

If new signing, I confirm that I have no outstanding obligations to my previous club, and no outstanding bookings or suspensions, if no please provide details — YES / NO

Gift Aid Form
I have completed the Gift Aid Form and returned to the team manager — YES / NO

I agree to abide by the rules of the Club and acknowledge the need to comply with the Club's Code of Conducts. I understand that I am liable for all fines that I incur and accept that should I transgress from the Codes and standards set by the club I will be subject to the Clubs disiplinary procedures. See reverse for details

Signed: ..... Date: .....

Guardian: .....Guardian's signature required if under 18 years of age

Team - Age Group			
Team - Age Group Manager	Signature	Print name	Date
Registration fee (or instalment)	Amount £_____	Payment Cash ☐ Cheque ☐	Date paid

I confirm that the monies indicated have been received, with thanks.

Treasurer		Date	

Acceptance of Registration provides membership to St Albans City Youth Football Club.
Please refer to The Codes of Conduct on the reverse of this form

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